



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E453405**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-2069		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 08 - 18 - 2015	1554	31	N S E W	IN OF 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	MILE POST <input type="checkbox"/>	809
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DISTANCE	OF (REFERENCE OR CROSS STREET)
100 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>	SR 9 NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3606916100
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LAST NAME	VICTORSON	FIRST NAME	MARJORIE	MIDDLE INITIAL	
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STREET NEW ADDRESS	302 N ALDER AVE APT 203
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CITY	GRANITE FALLS	ST	WA	ZIP	982528941
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CDL	RESTRICTIONS B	ENDORSEMENTS	
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DRIVER'S LICENSE #	VICTOM*792R7	STATE	WA	SEX	F	D.O.B. MMDDYYYY	12	27	1921
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AHM5593	STATE	WA	VIN#	KNAFE121955140577
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	KIA	MODEL	SPC4D	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MARJORIE VICTORSON 302 N ALDER AVE APT 203 GRANITE FALLS WA 98252

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 115 8725-E13-47A
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input checked="" type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3606916100
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LAST NAME	HOUK	FIRST NAME	MARC	MIDDLE INITIAL	A
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STREET NEW ADDRESS	8833 1ST ST NE #J204
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS	
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DRIVER'S LICENSE #	HOUK*MA325D5	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	25	1968
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ON DUTY <input type="checkbox"/>	STATUS	3	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	5	NATURE OF INJURIES	HEAD AND LEG INJURY
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E453405**

CASE # **15-2069**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		WATSON WENDELLA R																	
ADDRESS & PHONE #		PO BOX 1294 LAKE STEVENS WA 98258 4798718571																	
		SEX	F	D.O.B. MMDDYYYY	02			22			1962								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 8/18/2015 at approximately 1554 hours, Unit 1 was parked in the parking lot of Big O Tires located at 809 Vernon Rd in the City of Lake Stevens. Unit 2 was an employee attempting to assist the driver of Unit 1. Unit 2 was crouched down in the open door of Unit 1 speaking with the driver. Unit 1 excellerated in reverse and turned to the right causing the front end to swing around towards the driver's side. Unit 2 was knocked down by the open driver's door and the front left tire of Unit 1 ran over Unit 2's leg. The driver of Unit 1 put the vehicle in forward and ran Unit 2's leg over again and come to a stop on top of him. A witness yelled to the driver to put the car in reverse until it was clear of Unit 2.

Unit 2 suffered an injury to the back of his head and was experiencing severe pain in his lower extremities. He was transported to the hospital by Aid personnel. The driver of Unit 1 was uninjured. Unit 1 was able to be driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

08-18-15 05:59 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

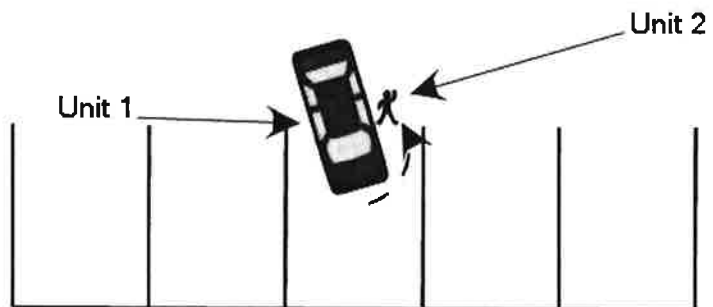
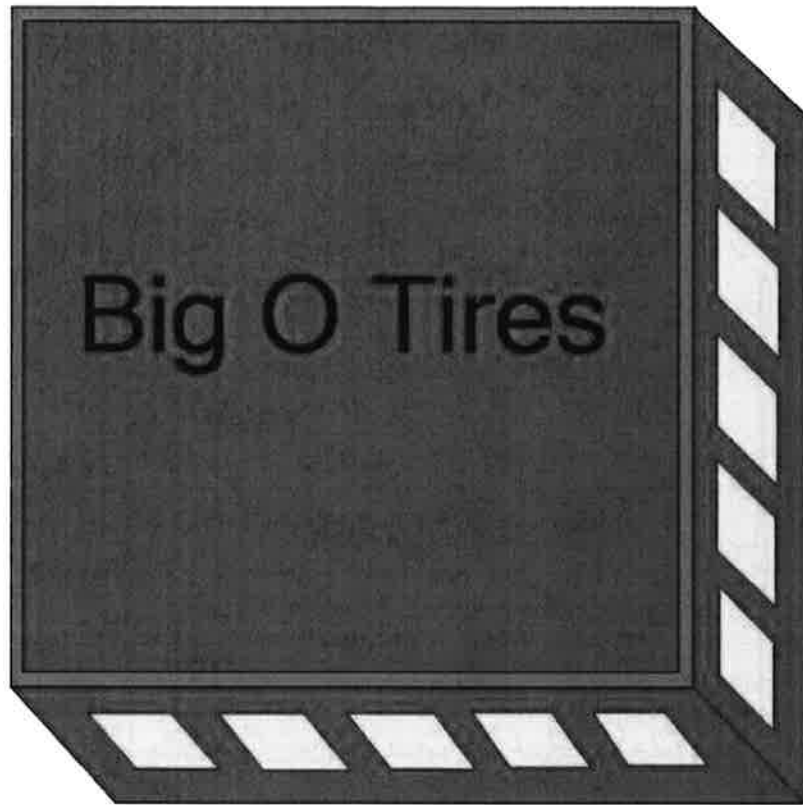
APPROVED BY

DATE

BOB SUMMERS 079

8/19/2015 3:12:00 PM

BADGE OR ID #	120	ORI #	WA0311900	TIME POLICE DISPATCHED	3:55 PM	TIME POLICE ARRIVED	4:00 PM
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Not To Scale



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-2069

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Watson Wendella R	RACE	ETH	SEX F	DOB 2/22/62	AGE 53	HGT 5'5"	WGT 215	HAIR Red	EYES blue
STREET ADDRESS P.O. 1294		CITY LAKE STEVENS			STATE	ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 479-871-8571			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I had just come back in the big O tire store after taking my dog potty. my car was getting an oil change the same time as the lady with the blue Kia. I saw her car backing up from the parking spot where the mechanic was showing her her brakes, in her he was kneeled down in the door way and she backed up (putting her foot on the gas pedal after he told her both feet were on the brakes.) she didn't give him time to move first, she accidentally just reacted to needing to put her foot on the pedal without thinking. The car door knocked him to the ground & the car ran over him, and then panicked and ran over him again on his foot. I then yelled for her to back up off his foot.

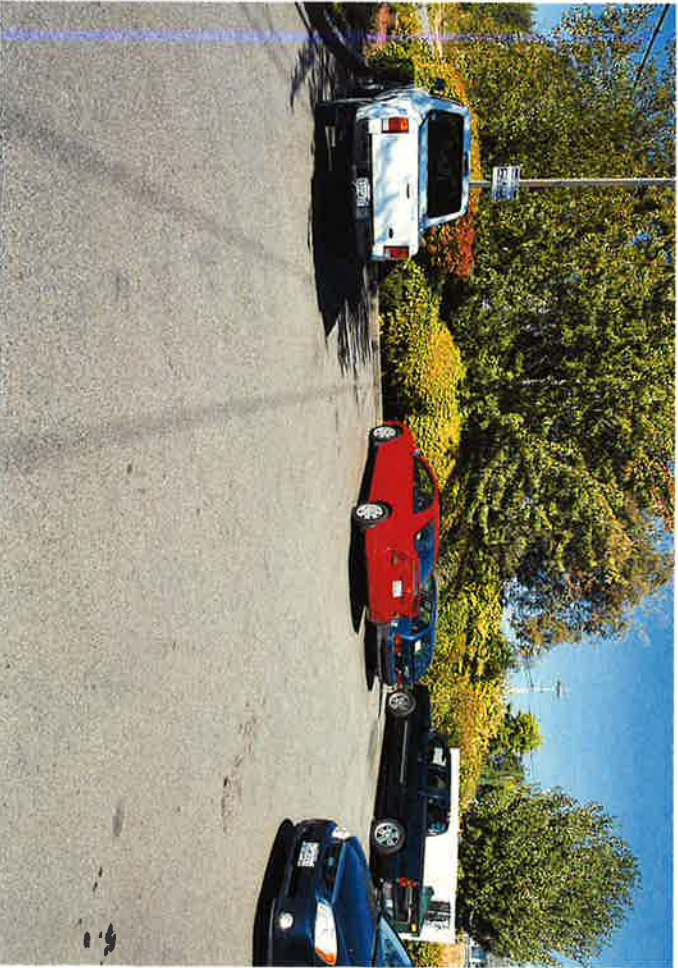
**LSPD
ORIGINAL**

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Wendella Watson	DATE SIGNED 8/18/15	LOCATION SIGNED
OFFICER NUMBER: L. BERNHARD #120	DATE SIGNED 8/18/15	LOCATION SIGNED LC STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1



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ORIGINAL









LSPD
ORIGINAL



LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Bernhard</i>	Case Number <i>15-2069</i>
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>	Date/Time: <i>8/15/15</i>
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification	

Case #	Item # <i>Rm1</i>	Item <i>CD</i>	Brand Name <i>CompuCase</i>		Storage Location		Disposition
	Action # <i>3</i>	Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
		Owner's Name Address City State Zip Phone # Barcode goes here					
	Owner Signature/Other remarks /additional information/ special instructions						
	Item #	Item	Brand Name		Storage Location		Disposition
	Action #	Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
		Owner's Name Address City State Zip Phone # Barcode goes here					
	Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
	Owner's Name Address City State Zip Phone # Barcode goes here						
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
	Owner's Name Address City State Zip Phone # Barcode goes here						
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
	Owner's Name Address City State Zip Phone # Barcode goes here						
Owner Signature/Other remarks /additional information/ special instructions							

**LSPD
ORIGINAL**

Evidence Control Use Only:				
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15016589 Xref: #AG15002522

Case Numbers: \$\$\$15002069

Received 08/18/15 15:54:09 BY SPDF26 SP0263
Entered 08/18/15 15:54:48 BY SPDF26 SP0263
Dispatched 08/18/15 15:55:08 BY SPDP17 SP0274
Enroute 08/18/15 15:55:08
Onscene 08/18/15 16:00:08
Closed 08/18/15 16:35:25

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: 9

Loc: 809 VERNON RD ,LKS -- BIG O TIRE btwn 91 AV NE & SR 9 NE (V)

Latitude: (+) 48.003666 Longitude: (-) 122.107651

Loc Info: BIG O TIRES

Name: EMP-SARA

Addr:

Phone: 4253972757

/1554 (SP0263) ENTRY ,CAR VS PED, IN PKLT
/1555 CROSS #AG15002522
/1555 (SP0274) AGCADV ,BOLO
/1555 DISPER 19D1 #SS120 BERNHARD, OFFICER (KERRY)
/1555 (SP0263) SUPP TXT: BLEEDING FROM HEAD, CON, M IS EMP
/1555 SUPP TXT: VEH THAT HIT M STILL AT LOC, BLU KIA,
/1556 SUPP NAM: EMP-SARA,
TXT: 45YOM
/1600 (SP0274) ASSTER 19S13 [809 VERNON RD ,LKS]
#SS95 MINER, SGT (ROBERT)
/1600 ONSCNE 19D1
/1607 ONSCNE 19S13
/1609 (SS120) *ASNCAS 19D1 \$\$\$15002069
/1615 REMINQ 19D1 MDTWANT, , , , , , WA, VICTOM792R7, , , , , , , , , , ,
/1616 REMINQ 19D1 MDTWANT, HOUK, MARC, A, 032568, , , WA, , , , , , , , , , ,
/1635 (SP0274) CLEAR 19D1 D/H
/1635 CLEAR 19S13 D/H
/1635 CLOSE 19S13

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